

REQUEST FOR NEW OR REVISED FORM		1. DATE OF REQUEST	2. FORM NO. <i>(If revision)</i>
		3. DATE FORM REQUIRED	4. SSIC
5. TITLE OF FORM		6. REQUIRING DIRECTIVE <i>(Attach copy)</i>	
7. PURPOSE OF FORM			
8. REPORTS CONTROL SYMBOL, IF APPLICABLE		9. CANCELLED FORMS, IF ANY	
10. NUMBER OF USING ACTIVITIES		11. ANNUAL USAGE	
12. UNITS OF ISSUE: <i>(Check all that apply)</i>			
PACKAGE OF _____ PAD OF _____ BOX OF _____ EACH _____ OTHER _____			
13. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE IDENTIFY SYSTEM IN REMARKS SECTION			
14. IS A PRIVACY ACT STATEMENT REQUIRED ON FORM? YES <input type="checkbox"/> NO <input type="checkbox"/> (FORMS REQUESTING SOCIAL SECURITY NUMBERS MUST HAVE A PRIVACY ACT STATEMENT.) IF YES, HAS THE COMMAND'S PRIVACY ACT MANAGER APPROVED THE PRIVACY ACT STATEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, OBTAIN APPROVAL			
15. HAS THE FORMS BLOCK HEADING BEEN APPROVED BY THE COMMAND'S DATA ELEMENTS MANAGER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, OBTAIN APPROVAL			
16. IF THE FORM CONTAINS A MAILING ADDRESS HAS THE ADDRESS BEEN APPROVED BY THE COMMANDS' MAIL MANAGER? IF NO, OBTAIN APPROVAL YES <input type="checkbox"/> NO <input type="checkbox"/> N/A <input type="checkbox"/>			
17. REMARKS			
18. ORIGINATOR	a. NAME, RANK AND TITLE OF ACTION OFFICER		b. OFFICE CODE
	c. SIGNATURE OF ACTION OFFICER		d. COMPLETE PHONE NUMBER
19. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE OF FORMS MANAGER	c. DATE